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MAR 11 2024

HERNANDO COUNTY
BOARD OF
COMMISSIONERS

HERNANDO COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARD/COMMITTEE APPLICATION

Please type or print clearly

Name of Board/Committee Hernando Fine Arts Council

Check one: Full Member Position
 Alternate Member Position

Name Roxanne Campbell
(Your name must be listed as it appears on your voter registration card)

THE FOLLOWING INFORMATION IS REQUIRED FOR COUNTY RECORDS AND BECOMES PUBLIC RECORD UPON SUBMITTING THIS APPLICATION. IF YOU BELIEVE THAT YOU QUALIFY FOR AN EXEMPTION TO THE RELEASE OF THIS INFORMATION, PURSUANT TO F.S. 119.07, PLEASE STATE THE BASIS OF YOUR EXEMPTION. YOUR FAILURE TO ANSWER FULLY AND TRUTHFULLY ALL QUESTIONS COULD RESULT IN YOUR APPLICATION BEING DENIED OR YOUR SUBSEQUENT REMOVAL FROM ANY BOARD/COMMITTEE IF APPOINTED.

Address 4293 Biscayne Drive

City Hernando Beach Zip 34607

Telephone 3529423007 (home) same (business)

E-mail address loladavinci3@outlook.com

Are you a resident of Hernando County? yes

Voter Registration Number _____

Education Master's Degree- Florida Professional Teaching License, NYS Public School Teacher Certificate
(Please include any certificates, awards, diplomas, degrees, professional license numbers, etc.)

2007 & 2003 Teacher of the Year - Hernando H.S. & West Hernando M.S.

Employment History 1997-2020 Teacher at HCSB- Brooksville Florida- Art K-12
(Attach a resume if available)

Licenses or Certificates Held Teaching Cert. Florida & NYS

Have you ever previously applied for a position on any County Board/Committee? no

If yes, please state the Board(s)/Committee(s) you applied for, when you applied, and whether you were appointed.

Have you ever been convicted, plead guilty or no contest, or entered into PTI for a felony or 1st/ 2nd degree misdemeanor? no
Answering yes does not automatically disqualify you for consideration.

If yes, what charges? _____

Are you currently involved as a defendant in a criminal case? no

If yes, what charges? _____

Have you ever been named as a defendant in a civil action suit? no

If yes, when and describe action. _____

Please state your reasons for applying to this Board/Committee To be involved with the community growth in the arts + culture

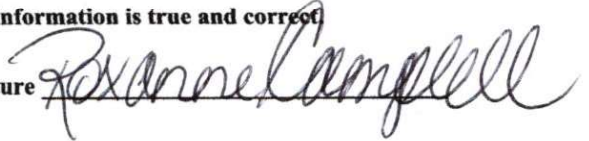
Please list three character references of persons NOT related to, NOT an employer, NOT an employee of you or your company, and whom you have known at least one (1) year. Please include addresses and phone numbers.

1. Tom Thome 412 Waterfall Dr. Spring Hill, Fl 352 232 2298
2. Donna Bolton Hynoski 5049 Gatton St. Spring Hill, Fl. 352 232 5047
3. Nelda Curtis Biscayne Drive Hernando Beach, Fl 661 733 2999

I hereby request consideration as a committee/board appointee. It is my intention to familiarize myself to the duties and responsibilities of the office to which I may be appointed, and to fulfill the appointment to the best of my ability, exercising good judgement, fairness, impartiality, and faithful attendance. By my signature below, I hereby authorize Hernando County to check my references and my background, including, without limitation, obtaining a criminal history check. I also agree to file a Financial Disclosure form as required by State law, if applicable, and abide by provisions of the State Sunshine Law.

I hereby swear and affirm, under Penalty of Perjury, that the above information is true and correct.

Applicant's signature



(Please direct all inquiries to the County Administrator's Office at 754-4002.)

Completed applications may be submitted to the County Administrator's office, 15470 Flight Path Drive, Brooksville, Florida 34604, or faxed to 352-754-4025 Attention: Jessica Wright.



Hernando County Background Consent / Release Form

As a volunteer applicant, I understand and acknowledge that an investigative report may be compiled on me. This report may include information regarding any criminal records, and from various public and private sources including law enforcement agencies at the Federal, State or County level, courts record repositories, sexual offender registries and any other source required to verify information that I have voluntarily provided.

PERSONAL INFORMATION

Legal Name: Roxanne Marie Campbell
Date of Birth: 09/08/1959
Other Names Used: Roxanne Marie Smith
(Legal Name) First M.I. Last
Dates Used (from/to): birth to 1992
Home Phone #: _____
Cell Phone #: 352 942 3007
E-mail Address: loladavinci3@outlook.com
Are you 18 years of age or older? Yes No

GEOGRAPHIC INFORMATION

Current Address: 4293 Biscayne Drive
City, State, Zip : Hernando Beach, Fl 34607
Time at this address: 27 Years _____ Month
Previous Address: 323460740 Gulfview Drive Hernando Beach, Fl
City, State, Zip : hernando Beach
Time at this address 1 Years _____ Month

By signing below, you hereby authorize, empower and release from all liability, without reservation, any agency contacted by Hernando County to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned information at any time during your relationship with Hernando County. You agree that a fax or photocopy of this authorization is to be considered and accepted with the same authority as the original.

Roxanne M Campbell
Applicant's Signature

2/22/24
Date